Internship in Psychology (PSYC 41492) Supervisor Approval Form

This form must be filled out by the internship supervisor and returned to Dr. Jill Folk (jfolk@kent.edu).

AGENCY & SUPERVISOR INFORMATION

Name of agency _______________________________________________________________

Address ______________________________________________________________________

Name of supervisor _____________________________________________________________

Title of supervisor _____________________________________________________________

Contact information (phone and email) _____________________________________________

STUDENT RESPONSIBILITIES

I, _____________________, agree to supervise ___________________ for the duration of the
__________ (include the year) semester. ______________________ will work ___ hours per
week and perform the following duties: _____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

ACKNOWLEDGEMENT OF SUPERVISOR RESPONSIBILITIES

I, _____________________, agree to submit two evaluations of ___________________’s work
throughout the _______________ (include the year) semester.

CONFLICT OF INTEREST ACKNOWLEDGEMENT

I, _____________________, certify that I am not a relative of ___________________ and have no
other conflicts of interest that would impede my ability to fairly and accurately evaluate this
student’s work as an intern.

I certify that the above information is accurate, that I am in good understanding of my
responsibilities as an internship supervisor, and that I am capable of evaluating the intern in good
faith.

SUPERVISOR’S SIGNATURE ___________________________ DATE ___________